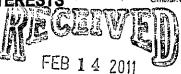
## **CALIFORNIA FORM** FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

# STATEMENT OF ECONOMIC INTERESTS

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NAME OF FILER (LAST)	- (FIRST) CLERK(MIDDLE)					
H+ Kins Li	inda Kathryne					
1. Office, Agency, or Court	3					
Agency Name City of Eureka	council member					
Division, Beard, Department, District, if applicable	Council member					
If filing for multiple positions, list below or on an attachment. att						
2. Jurisdiction of Office (Check at least one box)  ☑ State NCRA	Judge (Statewide Jurisdiction)					
Multi-County NCRA	A County of How boldt					
Dity of Eureka	Other					
3. Type of Statement (Check at least one box)						
Annual: The period covered is January 1, 2010, through December 2010.	r 31, Leaving Office: Date Left//(Check one)					
The period covered is/, through December 2010.	O The period covered is January 1, 2010, through the date of leaving office.					
Assuming Office: Date	O The period covered is, through the date of leaving office.					
Candidate: Election Year Office sought, if	different than Part 1:					
4. Schedule Summary	<u></u>					
Check applicable schedules or "None."	► Total number of pages including this cover page:					
Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached					
Schedule A-2 - Investments - schedule attached  Schedule D - Income - Gifts - schedule attached						
Schedule B - Real Property – schedule attached	☐ Schedule E - Income — Gifts — Travel Payments — schedule attached					
-07-						
	_					
	_					
I nave used all reasonable diligence in preparing this statement. I have re herein and in any attached schedules is true and complete. I acknowled						
I certify under penalty of perjury under the laws of the State of California t						
Date Signed 2 14 2011 (month, day, year)	Signa , (rise the originally signed statement wor your taking onlines.)					



#### STATEMENT OF ECONOMIC INTERESTS

A Public Document

### **EXPANDED STATEMENT**

#### Please type of print in ink

NAME Atkins	(LAST)	(FIRST) Linda	(MIDDLE) Kathryne	DAYTIME T	ELEPHONE NUMBER	
	G ADDRESS	STREET	CITY	( ) ZIP CODE	OPTIONAL FAX / E-MAIL ADDRESS	
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1	. Office or Agency	<b>1</b>			•	
:	⇒ If filing for multiple	positions, list ad	ditional agencie	s / position	s:	
	Agency: Redwood Regional Economic Development  Commission					
	Position Title:	Board Me	ember			
	Agency:	<u>Humboldt</u>	: Waste Mana	gement Au	uthority	
_	Position Title:	Board	l Member			
	Agency:	Humbo	ldt Transit Au	thority		
	Position Title:	Board i	<u>Member</u>	<del> </del>		
•	Agency:					
	Position Title:			· ··		